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RUNCORN URBAN DISTRICT COUNCIL



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the

Year ending 31st December, 1958

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URBAN DISTRICT AUTHORITY OF RUNCORN

ANNUAL REPORT

1958

OF THE

MEDICAL OFFICER OF HEALTH

INCLUDING THE REPORT OF THE

CHIEF PUBLIC HEALTH INSPECTOR

Officials of the Public Health Department:

- (1) **Medical Officer of Health, Runcorn Urban and Rural Districts**
- (2) **Divisional Medical Officer of Health
and School Medical Officer (Runcorn Division)**

E. N. HILLMAN GRAY, L.R.C.P. & S., L.M., D.P.H., F.R.S.H.,

Public Health Inspectors:

Chief: Mr. ALLEN DALE, M.R.S.H., M.A.P.H.I., Cert R.S.I., Meat and Foods (Retired 31st March, 1958).

Chief: Mr. ALBERT DUCKWORTH, M.A.P.H.I., Cert. R.S.I., Meat and Foods. Smoke Inspectors Cert.R.S.H., (Appointed 1st April, 1958).

Additional: Mr. W. P. MOSS. Cert.R.S.I., Meat and Foods.

Additional: Mr. G. W. BATE, M.A.P.H.I. (Appointed 1st April, 1958).

Members of the Urban District Council of Runcorn

Chairman of the Council:

COUNCILLOR J. HENDERSON, J.P.

Vice-Chairman of the Council:

COUNCILLOR Geo. WRIGHT

COUNCILLOR	T. CLARE
„	A. COOPER, J.P.
„	C. L. COHEN
„	H. GOODALL, (Chairman of the Public Health Committee)
„	C. J. HELSBY
„	S. HOLT
„	J. S. HEWITSON
„	T. H. LEATHER
„	T. J. LLOYD
„	A. W. J. LOVELL
„	D. McCULLOCH, D.C.M.
„	C. C. POSNETT
„	J. G. POTTS
„	Miss M. J. PREECE, B.A., C.C.
„	W. ROYLE, J.P.
„	H. SHACKLADY
„	T. B. SHALLCROSS
„	J. TILDSLEY, J.P.
„	R. WILLIAMSON

Officers:

Solicitor Clerk of the Council: Mr. T. J. LEWIS

Engineer and Surveyor: Mr. H. A. HUMPHERY, M.I.Mun.E.

Treasurer: Mr. C. NORMAN GREEN

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Divisional Medical Officer of Health (Runcorn Division).

INTRODUCTION

TO: THE CHAIRMAN AND MEMBERS OF THE
URBAN DISTRICT COUNCIL OF RUNCORN

Mr. Chairman, Lady and Gentlemen,

I have pleasure in submitting to you this my 21st and final Annual Report for the year ending 31st December, 1958. In doing so I feel it will be interesting to review by comparison certain statistics relating to the Population, Birth Rate, Death Rate, Infantile Mortality Rate and certain Infectious Diseases, i.e., between the Annual Reports for 1938 and 1958.

There has been steady progress towards good public health over a period of 21 years, as witnessed by the closing of the Isolation Hospital, better water and milk supplies; housing and educational facilities. It will be noted from this Report and my Divisional Health Committee Report (Appendix A) that the percentage of babies and young children immunised or vaccinated against the main infectious diseases is high. In some cases (e.g. reference poliomyelitis, tuberculosis) they are the highest in the country. We should continue this and have further research etc. in the **preventable** non-infectious diseases (e.g. gastric and duodenal ulcers, coronary thrombosis, rheumatism in its various forms, etc.).

Population: The Registrar-General's estimate of the total population for 1958 is 25,800 whereas in 1938 the estimated population was 23,340.

Birth Rate: The Birth Rate per 1,000 of the population for 1958 is 17.5 as compared with 15.2 (356 births) in 1938.

Death Rate: The Death Rate per 1,000 of the population for 1958 is 9.5 as compared with 11.01 (257 deaths) in 1938.

Infantile Mortality Rate: The Death Rate of all Infants under one year of age for the year 1958 is 17.6 (8 deaths) as compared with 58.9 (21 deaths) in 1938.

Incidence of Infectious Disease: The incidence of Infectious Disease was slightly more than the previous year, 341 cases as compared with 258 for 1957. In the year 1938 there were 311 cases of Infectious Disease notified, of which 159 were Diphtheria. It is most gratifying to record that for the past 10 years at least, **not one single notification of Diphtheria** has been received.

Tuberculosis: In the year 1938 the number of Tuberculosis cases on the register was 153 (64 Pulmonary—89 Non-Pulmonary), and during the same period there were 11 deaths from Pulmonary Tuberculosis.

During the year 1958 the number of Tuberculosis cases notified were:—Pulmonary 5 (Males); Non-Pulmonary—Nil.

The number of deaths from Pulmonary Tuberculosis in 1958 were:—Pulmonary—2 (1 male—1 female); Non-Pulmonary—Nil.

The number of cases on the register at the end of 1958 are:—Pulmonary 75; Non-Pulmonary 59; a total of 134 cases.

The fight against Pulmonary Tuberculosis **must** continue to be waged unceasingly—vide my remarks in this report on the subject; in addition the full application of the Clean Air Act, aided by various sections of the Public Health Act.

“THE COMMONSENSE PREVENTIVE MEASURES AGAINST DISEASE”

Immediately following this Introduction are my “Commonsense Preventive Measures against Disease,” which I strongly recommend should be read and carried out by all concerned.

Housing: The number of applications for Council houses was 405 at the end of the year under review.

The number of houses owned by the Council at the end of the year was 2,167; total number of new houses erected by the Council during the year was 52 (plus 60 houses acquired by Cheshire County Council, Penn Lane Estate)—112.

The total number of inhabited houses as at 31st December, 1958 was 8,254.

My Council are paying special attention to the removal as priority cases expectant mothers and families with young children from slum property; this is one way we will still further be able to reduce the infantile mortality rate (N.B. Ante-Natal Care, etc.). Slum Clearance Schemes (5 and 10 years programmes) are being dealt with as a priority. My Council are to be congratulated on their rehousing programme especially since the last war.

Ventilation and Heating of Houses, etc. From time to time I have stressed the need for a more commonsense approach to this matter in this country (vide local press, etc.)

"The question of ventilation and heating in the British Isles requires urgent investigation that sometimes through sheer lack of thought, draughty, cold houses are experienced (and so "colds," etc), when with the use of some commonsense proper ventilation and heating would be available—and so better health."

(N.B.) Ventilation: This means movement of air without draughts; windows and doors should be made draught-proof and a simple and proper system of **controlled ventilation** arranged; for this ask an expert, e.g., a ventilation/heating engineer, your local surveyor or Public Health Inspector.

Heating: This must be adequate, not too much or insufficient, many rooms and corridors, especially in large houses require a **minimum of central heating**, e.g., a hot pipe running through them; this may be added to by ordinary coal fires (preferably smokeless), electric or gas fires in certain rooms; again ask experts as suggested under ventilation above. **Do not forget the bathroom.**

General: Much ill-health can be prevented if more **commonsense** was used in these important matters. A room thermometer is useful in seeing these are kept at the right **temperature and humidity**. If in doubt ask an expert as suggested above; the cost will **not** be much, balancing this **better health will be the result** for ourselves and visitors from overseas.

N.B.: The policy of placing heating at nearly roof level is wrong and may cause various diseases (e.g., head and shoulders hot—feet cold). The appropriate Ministry, &c., should enquire into this important matter again.

Flies: As stated in my Commonsense Preventive Measures against Disease:

(a) **FLIES:** Any dirt, faeces, manure, etc., **in which flies breed** must be disposed of quickly and thoroughly (by burying and **well covering** these with earth is one of the best ways). Flies should be destroyed by e.g. fly sprays, fly swats, fly papers, etc., and food larders, pail closets, and bins **must** be fly proof. Food **must** be protected from dust, dirt, flies, rats and mice, and kept in a cool well ventilated place. Disinfectant solution **must** be used **to cover** contents in pail closets.

WHY? Flies **carry** disease germs (in and on their bodies) from all kinds of dirt to food, and so spread diseases.

We are not sufficiently **"FLY CONSCIOUS"**—every effort **must** be made to cure this and so help to prevent many intestinal diseases including Polio myelitis, Enteritis, Typhoid and Food Poisoning.

Cleanliness of HANDS AND NAILS: My remarks above about **Flies** should be read in conjunction with this in my Commonsense Preventive Measures against Disease . . . it stated:—

CLEANLINESS. (a) this **must** be thorough in or around the house, kitchen, shop, larder, etc. (This **also** applies to feeding bottles and teats).

WHY? Where these are **absolutely** clean there are few, if any, disease germs. Feeding bottles and teats **must** be thoroughly washed and boiled prior to use. If in doubt ask your Public Health Department, Welfare Centre, Health Visitor, or District Nurse.

(b) This also applies to those who handle and cook food, especially the hands and nails.

WHY? Dirt (with disease germs) may be on the hands or **under the nails** and so spread disease germs to food; **always** thoroughly wash the hands **and clean under the nails** after using the lavatory.

We must **NOT** be prudish about this, for the facts are the germs of Poliomyelitis, Typhoid, &c., may be in the bowels and when we use the lavatory, our hands and nails may become infected—so it is **essential** to **thoroughly** wash and clean these after using the lavatory—as mentioned above under “**FLIES**”; if this was drilled into schoolchildren (at school and at home) and all other diseases, as mentioned under Flies above (with the aid of protective immunisation) would be eventually wiped out (using also vaccination, &c., against various diseases).

Drainage and Sewage: Action to improve disposal, disposal works, etc., has been under consideration for some years, suitable action is required at a very early date.

Disease Spread from Animals to Humans: It is good to note that Medical and Veterinary Research workers, etc., are co-operating more and more in this important matter. Tropical Diseases have been cut to a minimum all over the world by this method of spread of disease being recognised and dealt with.

Vaccination and Immunisation: It is understood that in the near future one vaccine may be available (for babies—then a booster dose later) to include in this prevention against Poliomyelitis, Diphtheria, Whooping Cough, Tetanus and probably the diseases caused by Streptococcus—this will be an efficient way which will prevent the many injections to children as given today.

Whooping Cough: Children mainly today receive the triple vaccine to prevent Diphtheria, Whooping Cough, Tetanus, etc., the percentage immunised in babies and younger children is approximately 80% and in this connection it will be noticed that there have been no cases of Diphtheria, Whooping Cough, Tetanus, notified during 1958.

Whooping Cough vaccine has either prevented Whooping Cough entirely or has taken the “Whoop” out of this disease and is to be strongly recommended.

Measles: Measles especially, and other virus diseases are still the subject of research, e.g., with a view to ascertaining the exact method of spread, treatment and prevention.

Allergic Diseases: As quoted in my Commonsense Preventive Measures against Disease—in a large percentage of cases can be cured—the diseases for example, Migraine, Hayfever, Asthma, some types of Eczema (especially in children) due to allergy, cause much unnecessary suffering: by seeing a Doctor (tests, &c.) many of these can be cured or relieved; this also applies to contact “Dermatitis”.

Finally may I quote a summary of a lecture (also gramophone and tape recorded) on “Health and the Joy of Life”:—

1. Develop proper contacts every day so that they will “switch on” and give you the right knowledge and stimulus to live; so developing your mental, physical and spiritual life together. At all ages develop the “Outward Bound” spirit.

2. Look after the three “T’s”—Tonsils, Teeth and Tummy. See your Doctor and Dentist when you need to, but whether fit or not be examined by your Doctor at least once a year and your Dentist every six months.

3. Eat proper food daily, a varied diet cooked properly, and include in it the preventive foods—those which prevent disease—Milk, Eggs, Fresh Vegetables (both cooked and in salads), Fruit, Animal Fat and Fish, especially Herrings. Do not forget the importance of flavour in your cooking, use e.g., onions, leeks and all the herbs.

4. If in doubt as to the purity of water, or if milk is not pasteurised, boil them.

5. Be clean—use soap and more “elbow grease”.

6. If you want to know of any contact, that is, to commence any organisations in your district, write to your Medical Officer of Health.

7. Study the books on Hygiene by the Red Cross and St. John Societies. Listen to the Radio Doctor and study his books.

8. Finally, with the team spirit fully developed in you, work hard, play hard and learn to relax. You will then have gained something towards enjoying “Health and the Joy of Life”.

SANITARY CIRCUMSTANCES IN THE AREA:

The details under this Section have been compiled by Mr. Albert Duckworth, M.A.P.H.I., Cert.R.S.I., Meat and Foods, Smoke Inspectors Cert.R.S.H., Chief Public Health Inspector who succeeded Mr. Allen Dale, M.R.S.H., who retired after many years of loyal and conscientious Service, 31st March, 1958.

ANNUAL REPORT—DIVISIONAL MEDICAL OFFICER OF HEALTH for the year ending 31st December, 1958

(by agreement with the Cheshire County Council and my local Council)—
this report is included as an Appendix “A” and attached hereto.

Over a period of 21 years the co-operation and help of all concerned outside my offices, in the Public Health Department and other Departments has been greatly appreciated by me in the carrying out of my various duties. I wish all the best of luck, happiness and good health now and in the future, in this I include my successor Dr. John L. Patterson, who succeeds me on 1st April, 1959.

Yours obediently,

E. N. HILLMAN GRAY,

L.R.C.P. & S., L.M., D.P.H., F.R.S.H.

Medical Officer of Health.

Public Health Department,
“Pool Dale”,
Heath Road,
Runcorn.

Telephone: Runcorn 2261.

IMPORTANT

THE COMMON SENSE PREVENTIVE MEASURES AGAINST DISEASE

- (1) **CLEANLINESS.** (a) This **must** be thorough in or around the house, kitchen, shop, larder, etc. (This also applies to feeding bottles and teats.)

WHY? Where these are **absolutely** clean there are few, if any disease germs. Feeding bottles and teats **must** be thoroughly washed and boiled prior to use. If in doubt ask your Public Health Department, Welfare Centre, Health Visitor, or District Nurse.

(b) This also applies to those who handle and cook food, especially the hands and nails.

WHY? Dirt (with disease germs) may be on the hands or **under the nails** and so spread disease germs to food; **always** thoroughly wash the hands **and clean under the nails** after using the lavatory.

- (2) **DESTRUCTION OF FLIES, RATS AND MICE.**

(a) **FLIES:** Any dirt, faeces, manure, etc., **in which flies breed** must be disposed of quickly and thoroughly (burying and **well covering** these with earth is one of the best ways). Flies should be destroyed by e.g., fly sprays, fly swats, fly papers, etc., and food larders, pail closets, and bins **must** be fly proof. Food **must** be protected from dust, dirt, flies, rats and mice, and kept in a cool well ventilated place. Disinfectant solution **must** be used to **cover** contents in pail closets.

WHY? Flies **carry** disease germs (in and on their bodies) from all kinds of dirt to food, and so spread diseases.

(b) **RATS AND MICE:** For the destruction of these ask your chemist: failing this your Public Health Inspector (who is also the Rodent Officer).

WHY? Rats and mice breed in all kinds of dirt, and like flies carry disease germs to food (and water)

- (3) **FOOD** should be **properly** heat treated: this applies especially to the manufacture of ice cream, the cooking of shell-fish, and the pasteurisation and sterilization of milk. Where milk is not pasteurised or sterilized I recommend that this is boiled at home.

WHY? By proper heat treatment, any disease germs present are destroyed. This applies to all kinds of food, including ice cream, shell-fish and milk.

- (4) **WATERCRESS** must be obtained from properly controlled beds, that is, where pure water is supplied; **this with lettuce and fruits** without a fairly thick outside coat, should be thoroughly washed in a weak Condy's solution and then rinsed with pure water before being eaten.

WHY? Watercress can carry disease germs on it; this also applies to lettuce and fruit.

- (5) **DRIED EGGS AND DRIED MILK** must be kept in a cool place, and when the package is opened it should be used up quickly.

WHY? These are good foods, but if the containers are left open to the air too long (e.g., over two days) germs can grow in them and so spread disease.

- (6) **ALL WATER FOR DRINKING, DIETETIC OR DAIRY PURPOSES** should be from a pure supply; if in doubt as to its purity, boil it well for small quantities, or chlorinate it for large quantities—see instructions on bottles obtainable from most chemists. **Do not bathe in rivers, etc.,** which may be sewage polluted.

WHY? Water, if impure, can have disease germs in it; boiling or chlorination kills disease germs. If you bathe in rivers, canals, etc., which may be sewage polluted you may swallow disease germs.

- (7) **CONSTIPATION.** This **must** be avoided, for example, by eating sufficient roughage food, e.g., whole meal bread and vegetables also by keeping the stomach muscles strong and healthy by games and P.T. exercises. If in doubt see your own doctor. Many diseases might be traced to chronic constipation.

WHY? If constipated, foul matter remains too long in the lower bowel so poisoning the blood and also holding disease germs in the bowel which may infect the body.

- (8) (a) **TO AVOID SPREADING “COLDS IN THE HEAD”, INFLUENZA.** etc. Use a handkerchief when you cough or sneeze.

WHY? A handkerchief acts as a screen and so catches disease germs from the nose and throat. Disinfect and boil handkerchiefs well prior to washing. Wet feet, wet clothes, and draughts cause chilling of the body and so render it more liable to disease.

(b) **COVERING UP THE MOUTH WHEN COUGHING OR SNEEZING.** Coughing or sneezing on **food**, for example, after influenza etc., may cause a serious attack of e.g., enteritis, diarrhoea, etc., especially in babies and young children.

WHY? Because germs causing **serious** disease enter on or into food . . . **DO NOT COUGH OR SNEEZE** onto food: cover the mouth and nose with a handkerchief or etc., See your own doctor as required for treatment.

- (9) **ALLERGIC DISEASES.** The diseases for example, Migraine, Hayfever, Asthma, some types of Eczema (especially in children) due to allergy, cause much **unnecessary suffering**; by seeing a Doctor (tests, etc.) many of these can be cured or relieved; this also applies to contact “Dermatitis”.

- (10) **PROTECTIVE INJECTIONS AGAINST DIPHTHERIA, SMALL-POX, etc** See that all (especially young children) have these as required.

WHY? By these injections the body is more fully protected against dangerous diseases. If in doubt ask your own doctor, Medical Officer of Health, Welfare Centre, Health Visitor, or District Nurse.

- (11) **PROPER DISINFECTION OF HOUSES**, etc. After any serious disease in a house, etc., see that this is carried out (ask your Public Health Department, Public Health Inspector), **also a thorough** "spring cleaning". The latter would be sufficient in less serious diseases such as Influenza, Measles and Whooping Cough.

WHY? By this, disease germs are destroyed or washed away and so cannot infect others.

- (12) **ISOLATION OF CONTACTS OF INFECTIOUS DISEASE**. Carry out thoroughly what is recommended on the special pamphlet issued by the Medical Officer of Health when patients are sent to hospital or nursed at home.

WHY? By so doing disease germs are less likely to spread. If in doubt ask your own doctor or Public Health Department (e.g., your Public Health Inspector). This also applies to any sick animals (indoors or outdoors); in doubt call in a Veterinary Officer.

- (13) **DEFECTIVE TEETH**. See your dentist if your teeth are bad or septic; better still see him as a routine every six months.

WHY? If your teeth are bad or septic the chewing powers are not good and so all kinds of indigestion may arise. Septic teeth (and gums) lead to poisoning of the blood and so to various diseases.

- (14) **THE PREVENTIVE FOODS**. Eat some of these in your daily diet which **must** be properly cooked, varied **and** flavoured.

WHY? The preventive foods (i.e., those which help the body to prevent disease) are:—

Milk and eggs (dried or ordinary);

Cheese;

Fresh vegetables and fruit (cooked or in salads);

Animal fats, e.g., fish (especially herrings), and butter;

Margarine (vitaminised);

Whole meal bread;

These all contain valuable substances called **VITAMINS** which are **essential** to good health. Where these essential foods are in short supply, etc., all concerned are reminded that extracts of these vitamins are contained in e.g., Rose Hip Juice and/or Ribena, Marmite, Yeast, certain tablets (all vitamins). **Parents are recommended to bottle or preserve fruit when it is cheap.**

- (15) **OBESITY** (over-weight): How can this be the cause of many serious diseases and can shorten life . . . ?

WHY? By "clogging-up" of the blood vessels, the various organs of the body, disease can commence. By eating less fat and starchy foods at each meal, with more variety and taking, for example, small quantities of milk or sweets between meals, less fat, etc., will enter the body. Moderate, regular daily exercise, e.g., a walk, will help to "burn-up" fat. Guard against constipation. If in doubt see your own doctor.

- (16) **RETIREMENT. Semi-RETIREMENT and OLD AGE:** (also secondary employment in youth).

Question: What should one do to prepare for these (the proper use of leisure)?

Answer: As early as possible, and as necessary, seek the guidance first of, for example, your Medical Officer of Health, and/or Health Visitor, who will (acting in a "guidance service") refer you to other agencies—official or voluntary.

Remember **Old Age** is a **normal state**, but the diseases associated with it are not; see your own doctor as required, so that not only years can be added to life, but life can be added to years.

Loneliness, boredom and monotony **must** be dealt with by using the brain and body—for example, with hobbies of all kinds, other employment, etc., . . . See your own padre as required.

EVERYDAY is a **BIRTHDAY** and **EVERYDAY** we are born anew.

Younger persons working a 4 to 5 day week should in the same way as above prepare for a new world of **secondary employment** (owing to for example, automation, the atomic age)—for this see your Ministry of Labour—Youth Employment Department, or, as above, your Medical Officer of Health and/or the Health Visitor. Ask your local Education Office, for under the Education Act, 1944, any subject (theory or practice) can be taught to **any** person at a very small cost to the person per week. Finally—**EARN HAPPINESS BY GIVING.**

GENERAL

- (1) Anyone feeling ill should see their own doctor (better still, as a routine, see him once a year)—though with the above common-sense precautions there should be little danger of contacting or spreading disease.
- (2) **ASK FOR MORE OF THESE PAMPHLETS AS REQUIRED FROM YOUR MEDICAL OFFICER OF HEALTH.** Have discussion groups, lectures and films on health education. Attend the official classes on personal hygiene given by e.g., the Red Cross Society, St. John Association, Scouts and Girl Guides—these organisations have excellent little books on the subject. Always carry out these common-sense preventive measures and **tell others about them.**
- (3) Good health mostly depends on **YOU**—**your** co-operation is essential. **"WHERE THERE IS DIRT THERE IS DISEASE"**

E. N. HILLMAN GRAY, L.R.C.P.&S., L.M., D.P.H., F.R.S.H.

Medical Officer of Health, Runcorn Urban & Rural Districts
Divisional Medical Officer and School Medical Officer.

PUBLIC HEALTH DEPARTMENTS:

1. **"POOL DALE" HEATH ROAD, RUNCORN.**
2. **Castle Park, Frodsham.**

SECTION A—Statistics and Social Conditions of the Area

GENERAL INFORMATION

Area of Runcorn Urban District in Acres	...	...	3,116
Population at Census, 1951	...	...	23,933
Registrar-General's Estimates of Population at 30th June, 1958	...	...	25,800
Density of population (i.e. No. of persons per acre)	...		8.2
No. of inhabited houses (end of 1958, according to rate book)	...	...	8,254
Rateable value at 31st December, 1958	...	...	£290,191
Rateable value at 31st December, 1957	...	...	£284,380
Sum represented by 1d. rate (approx) 31st Dec. 1958	...		£1,136

Vital Statistics

	Total	Male	Female
Live Births:	452	238	214
Live Birth Rate per 1,000 population:	17.5		
Still Births:	9	6	3
Total Live and Still-Births	461 (244 males):	(217 females).	
Infant Deaths:	8	4	4
Infant Mortality rate per 1,000 live births	...	...	17.6
Infant Mortality Rate per 1,000 Live births-legitimate	...		17.6
Infant Mortality Rate per 1,000 Live births-illegitimate...			nil
Neo Natal Mortality Rate per 1,000 live births (4 deaths) (first 4 weeks)			8.6
Illegitimate live births (13) per cent of total live births...			2.8
Maternal Deaths (including abortion)	...	...	—
Maternal mortality rate per 1,000 live & still births	...		—
Deaths:	246	126	120
Death Rate per 1,000 population (246 deaths)	9.5		

Principal Causes of Death in Order of Frequency

Out of 246 deaths occurring during the year 228 were attributable to the undermentioned principal causes:—

	No. of Deaths	Percentage of Deaths from all causes
1. Heart Disease	94	38.2
2. Vascular lesions of the nervous system	37	15.04
3. Cancer	51	24.3
4. Bronchitis	18	7.3
5. Other defined and ill-defined causes	11	4.4
6. Pneumonia	3	1.2
7. Other Circulatory Disease ...	14	5.69

INFANTS DEATHS (Under 1 year), 1958

Certified Causes of Death	Age at Death									Total
	Under 24 hours	Days				Months				
		1— 7	8— 14	15— 21	22— 28	1— 3	3— 6	6— 9	9— 12	
Birth injuries :										
asphyxia	—	—	—	—	—	—	—	—	—	—
Infections	—	—	—	—	—	2	—	—	—	2
Prematurity	2	1	—	—	—	—	—	—	—	3
Pneumonia	—	—	—	—	—	—	—	1	—	1
Congenital										
Malformations ...	—	—	—	—	—	1	—	—	—	1
Gastroenteritis ...	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	—	—	—	—	—
Acute Bronchitis ...	—	—	—	—	—	—	—	—	—	—
Respiratory failure...	—	1	—	—	—	—	—	—	—	1
TOTALS	2	2	—	—	—	3	—	1	—	8

INFANTILE MORTALITY

The table of infant deaths shows that 8 children died before reaching the age of 1 year, producing an infant mortality rate of 17.6 compared with 21.78 in the previous year.

Particulars of any unusual or excessive mortality during the year which has received or required comment:

The causes of the highest mortality were:

Heart Disease	...	...	...	94
Cancer	...	...	...	51

Heart Disease was prevalent in persons over 65 years of age, some cases may have been due to the effects of e.g. Rheumatism in childhood—this is being further investigated under the auspices of the Ministry of Health (lack of vitamin C, improper diet, gland deficiency, etc.)

For further remarks on Cancer see page 35 (i.e. further research, early treatment, etc.)

Vital Statistics

Year	Per 1,000 Population		Per 1,000 Live Births	Per 1,000 Total Live and Still Births
	Death Rate	Live Birth Rate	Infantile Mortality Rate	Still Birth Rate
1948	9.74	20.53	20.96	20.53
1949	11.23	17.29	51.09	26.06
1950	10.79	10.5	23.3	29.6
1951	13.34	16.07	31.25	27.85
1952	11.29	15.79	39.57	23.19
1953	9.07	17.57	21.02	20.59
1954	10.29	16.83	37.47	27.97
1955	9.74	17.6	45.3	13.4
1956	11.1	18.2	36.6	25.3
1957	9.19	17.8	21.78	23.4
1958	9.5	17.5	17.6	19.5

SECTION B.

General Provisions of Health Services in the Area

1. Public Health Officers

The names, qualifications, of these are given at the beginning of the Report.

2. Facilities

(a) Laboratory Facilities

The Biological Institute of Messrs. Evans Medical Supplies, Ltd., is established in Runcorn—where, query Anthrax can be examined and necessary treatment given as required prior to any Hospital treatment.

The Chester and District Hospital Management Committee have informed all general practitioners that they would be responsible for the supply of diphtheria antitoxin (free)—in emergency at the Runcorn Memorial Hospital (Matron). In addition, it can be obtained (in emergency) from any infectious disease hospital, e.g., Warrington and Davenham.

Practitioners may, if they wish, obtain a small stock from a hospital in anticipation of requirements rather than wait until they need it for a particular case.

Stock held by hospitals or practitioners should be returned three months before expiry date for exchange to the source of supply.

In few diseases is prompt treatment as necessary as in diphtheria.

N.B.—Antitoxin should be given in all suspicious cases at once, in the home or in the hospital. SWABBING IS ONLY AN AID TO DIAGNOSIS.

Swabs &c., are examined at the Public Health Laboratory, 42 Hamilton Square, Birkenhead and the Public Health Laboratory, Mount Pleasant, Liverpool. in addition as required, the laboratories at Chester and Warrington (free of charge).

N.B.—This applies to all examinations carried out in the interests of Public Health. The facilities available (free of charge) might be made more use of.

Milk specimens are sent to to the Public Health Laboratory, Birkenhead; they may be sent to the Public Health Laboratory, Manchester.

N.B.—The Public Health Laboratory, Manchester and Birkenhead, also the laboratories at the Warrington and Chester Royal Infirmaries, are available to examine and report on specimens swabs, etc., in the interests of preventive medicine.

SECTION C

Sanitary Circumstances

1. (i) WATER. The water supply consists of a mixture of soft water from Lake Vyrnwy and hard Runcorn Well water.

Frequent tests are made of the water by the Council, and during the year 9 tests of Vyrnwy and 7 of mixed water were made, and 34 tests of Well water (which is under constant supervision).

The Report of the Analyst is: “That the water generally is free from organic pollution and is suitable for drinking purposes.”

(ii) Ministry of Health Circular 42/51 requires the following information regarding water supplies in the area:—

(i) Whether the water supply of the area and of its several parts has been satisfactory:—

(a) In quality	...	...	...	...	Yes
(b) In quantity	...	...	...	...	Yes

(ii) Where there is a piped supply whether bacteriological examinations were made of (i) the raw water and (ii) where treatment is installed, of water going into supply; if so
(a) How many? ... Yes (i) 34; (ii) 16

(b) The results obtained. Number of coliform organisms per 100 mls. ... Satisfactory

(c) The results of any chemical analysis Satisfactory

(iii) Where the Waters are liable to have plumbo solvent action the facts as to contamination by lead, including precautions taken and number and result of analyses:—

Report of Analyst does not indicate plumbo solvent action in any of the testings made.

(iv) Action in respect of any form of contamination:—
None.

(v) Particulars of the number of dwelling-houses and the number of the population supplied from public water

mains:—

(a) Direct to the houses	...	...	8,254
(b) By means of stand pipes	...	...	Nil

(2) **DRAINAGE AND SEWAGE:** Most of the sewers empty into one large intercepting sewer which passes under the Manchester Ship Canal at No Man's Land, and another sewer dips under the Ship Canal at the westerly boundary of the District and is discharged similarly into the Mersey estuary.

N.B. Action to improve disposal, disposal works, etc., has been under consideration for some years, suitable action is required at an early date.

(3) **PUBLIC CLEANSING:** A weekly collection of house refuse is carried out by the Local Authority over the whole of the district and disposal is by controlled tipping in a disused quarry. the refuse is tipped in layers and covered each day with soil available on the site; a mechanical shovel is used for the purpose.

In order to prevent nuisance from insects, the refuse tip is sprayed from time to time with a reliable insecticide.

(4) **Sanitary Inspection of the Area**

Inspections made for all purposes	...	...	4,715
Nuisances dealt with	...	...	317
Notices served (Informal)	...	...	234

Public Health Act, 1936—Record of Nuisances, 1958

Number of Complaints in respect of dwellings	...	240
Number of Preliminary Notices served	...	234
Number of Preliminary Notices complied with without resort to service of Statutory Notices	...	114
Number of Statutory Notices served as authorised by Council	...	133
Number of Statutory Notices complied with	...	131

Rent Act, 1957—Record of Certificates of Disrepair, 1958

(1) Number of Applications for Certificates	...	23
(2) Number of undertakings given by landlords		6
(3) Number of Certificates issued	...	14
(4) Number pending at the end of year	...	3
(5) Certificates cancelled by Local Authorities	...	1

Summary of Visits and Inspections

Food Premises:				
Bakehouses	...	...	...	26
Cafes, Canteens, Restaurants	...	...	...	39
Dairies and Milk Shops	...	...	...	68
Food Shops	...	...	...	184
Food Vehicles	...	...	...	8
Ice-cream premises	...	...	...	10
Public Market	...	...	...	5
Public Slaughterhouse	...	...	...	133
School Canteens	...	...	...	56
Factories:				
Factories and Workplaces	...	...	...	86
Offices	...	...	...	2
Housing:				
Canal Boats	...	...	...	91
Common Lodging House	...	...	...	3
Complaints	...	...	...	350
House Inspections and Enquiries	...	...	...	437
Infectious Disease Enquiries	...	...	...	62
Miscellaneous Visits	...	...	...	398
Nuisance Abatement	...	...	...	701
Owners/Agents Interviewed	...	...	...	250
Hygiene:				
Hairdressers	...	...	...	13
Licensed Premises	...	...	...	8
Music Hall and Theatres	...	...	...	41
Shops (other than food)	...	...	...	10
Sanitation:				
Atmospheric Pollution and Smoke				
Abatement	...	...	...	80
Disinfections	...	...	...	57
Drainage	...	...	...	358
Marine Merchants	...	...	...	1
Manure Middens	...	...	...	2
Piggeries	...	...	...	11
Public Baths	...	...	...	7
Public Conveniences	...	...	...	109
Refuse Removal and Disposal	...	...	...	511
Rodent Control	...	...	...	206
Tents, Vans, &c.	...	...	...	55
Wasteland	...	...	...	31
Sampling:				
Water (Domestic & Bacteriological)	...	...	...	50
Water (Baths "chemical")	...	...	...	28
Milk	...	...	...	132
Ice-cream and lollies	...	...	...	51
Atmospheric Pollution	...	...	...	45
Total				4,715

(5) Shops

The various classes of shops in the district of the Local Authority have from time to time been visited.

The provisions of the Shops Act relating to closing hours and the Employment of Young Persons are generally observed, also the provisions of the Act in relation to lighting, heating and ventilation.

(6) Atmospheric Pollution and Smoke Abatement

For the purposes of recording solid matter and sulphur present in the atmosphere, four stations are now in operation consisting of deposit gauges and lead peroxide apparatus. The latter gauges and apparatus are situated at:—

Beacon Hill Reservoir.
Weston House

Highfield Tannery
Town Hall Grounds

N.B.—The station originally at Weston Church was removed on 1st April, 1958 to Weston House.

The residue is collected on the 1st of the month or as near as possible for analytical examination.

Measurements of Deposited Matter with the Deposit Gauge

The amount of total solids in tons per square mile, and the average rainfall during the year 1958 was as stated below:—

<i>Month</i>	<i>Beacon Hill Reservoir</i>	<i>Weston Church</i>	<i>Weston House</i>	<i>Highfield Tannery</i>	<i>Town Hall</i>	<i>Average Rainfall inches</i>
January ...	22.63	124.70	—	20.25	—	3.03
February ...	20.04	93.84	—	24.12	—	3.87
March ...	7.41	39.56	—	19.22	—	1.27
April ...	13.14	—	24.79	09 06	11.77	0.75
May ...	19.60	—	43.62	15.57	19.13	2.89
June ...	26.23	—	23 30	11.40	11.70	3.58
July ...	18.99	—	48.24	22.25	21.00	3.72
August ...	12.02	—	24.66	12.55	13.49	2.12
September ...	19.23	—	26.28	19.22	14.32	3.18
October ...	13.71	—	21.93	16.75	12.14	2.36
November ...	7.94	—	13.57	13.02	9.30	1.65
December ...	18.82	—	16.35	22.77	21.40	3.41
Monthly Average ...	16.48	86.03	28.08	17.18	14.91	2.65

Annual Rainfall: 31.83 inches.

The measurement in milligrams of SO₂ per day per 100 square centimetres of lead peroxide during the year 1958 was as follows:—

Measurements of Sulphur Dioxide with Lead Peroxide Apparatus

<i>Month</i>			<i>Beacon Hill Reservoir</i>	<i>Weston Church</i>	<i>Weston House</i>	<i>Highfield Tannery</i>	<i>Town Hall</i>
January	...	...	2.40	2.45	—	2.42	—
February	...	...	2.73	2.82	—	2.61	—
March	...	...	2.35	2.28	—	2.42	—
April	...	...	2.57	—	2.47	2.27	1.61
May	...	...	2.36	—	2.46	2.37	0.81
June	...	...	2.11	—	2.22	2.29	0.95
July	...	...	2.02	—	2.50	1.76	0.68
August	...	...	1.76	—	2.18	1.91	0.59
September	...	...	1.72	—	1.73	1.74	0.55
October	...	...	2.00	—	2.55	2.56	0.85
November	...	...	2.62	—	1.92	2.65	0.70
December	...	...	2.72	—	2.60	2.76	1.61
Monthly Average			2.28	2.52	2.29	2.31	0.93

Clean Air Act, 1956

During the year Dark Smoke (Permitted Periods) Regulations, 1958, which regulate the periods for the emission of dark smoke from boiler and industrial plant came into force.

Observations have been taken regularly of all the chimneys in the area and notices served where necessary. Much useful work has been carried out by giving advice and enlisting the co-operation of firms. Three firms have had their boilermen trained under the auspices of N.I.F.E.S. and have benefitted under N.I.F.E.S. Advisory Service who have advised on the best methods of firing boilers and carrying out improvements to plant to increase efficiency and reduce smoke.

Great strides have been made during the year towards the reduction of the dust nuisance in certain areas of the town caused by a power station. A 350 ft. new chimney has been almost completed and in 1959 it is expected that the new electro static precipitators to the boilers will be in operation.

Smoke Control Areas

Preliminary steps were carried out in the year towards setting up the Council's first Smoke Control Area.

A pilot survey was carried out on an area forming part of the Council's post-war housing estate along with private developments. Tests were also carried out in conjunction with the North Western Gas Board with the burning of different types of coke on approved appliances with special attention to the most successful methods of igniting the coke and much useful information was obtained.

(7) Swimming Baths

The Urban District Council maintains a Swimming Bath which is supplied with water from the Town's main's and passed through a filtration plant charged with chlorine. It is tested for its purity and chlorine content periodically during the season, and its physical characteristics are satisfactory. Daily checks are made for chlorine content by the Bath's Superintendent.

Twelve chemical and twelve bacteriological samples of Bath's water were tested and the Analyst reported on the fluctuations of the composition of the water at various times, e.g. when the load was heavier and the temperature consequently higher. Attention was immediately given to any adverse report and the process of chlorination adjusted as required.

(8) Eradication of Vermin

The following particulars are given of action taken for the eradication of vermin:—

	<i>Infested and Disinfested</i>		
	<i>No. of Council houses</i>	<i>No. of other houses</i>	<i>No. of business premises</i>
Fleas	2	1	—
Bed Bugs	—	2	—
Cockroaches	2	3	1
Ants	2	3	—
Silverfish	3	2	—
Crickets	1	—	2
Woodworm	1	—	—
Flour Beetles	—	—	1
Total	11	11	4

(9) Schools

Periodic inspections were made of the sanitary accommodation at schools during 1958. Whilst certain improvements have been made, others are necessary and are receiving consideration by School Management Committees. The County Medical Officer of Health has reported on Schools to the Chief Education Officer.

Detailed inspections were made during the year in conjunction with representatives of the County Health Department of school canteens in the area. Work required to bring canteens to a higher standard was agreed upon, and it is hoped that this work will be carried out quickly, and canteens which cannot be improved because of their unsuitable layout will be replaced by modern canteens.

(10) Rodent Control

During the year the administration of the "Prevention of Damage by Pests Act," 1949 has led to many visits and treatments of dwelling and business premises being carried out. The number of premises inspected was 257.

Treatment of infestation at private dwellings is carried out free of charge, but a charge is made for rodent control work in connection with trade premises and land.

During the year 1958 disinfestations were dealt with at 214 premises; 1,058 visits in all were made; 959 rats and 354 mice were accounted for.

The disinfestations dealt with consisted of:—

Business premises—90; Private Dwellings—105; Council Premises—19.

Sewer treatment was carried out in the months of March, July and October with satisfactory results.

A 10% test of all sewers, and a testing of all manholes which are known to be subject to rodent infestation are given special attention.

FACTORIES ACTS, 1937 and 1948

1. Inspections for purposes of provisions as to health, including inspections made by Public Health Inspectors:

<i>Premises</i> (1)	<i>M/c line No.</i> (2)	<i>Number on Register</i> (3)	<i>Number of</i>			<i>M/c line No.</i> (7)
			<i>Inspections</i> (4)	<i>Written Notices</i> (5)	<i>Occupiers Prosecuted</i> (6)	
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	20	12	4	—	1
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	2	79	69	9	—	2
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3	6	5	—	—	3
TOTAL		105	86	13	—	

CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	M/c line No. (2)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (7)	M/c line No. (8)
		Found (3)	Remedied (4)	Referred			
				To H.M. Inspector (5)	By H.M. Inspector (6)		
Want of cleanliness (S.1)	4	—	—	—	—	—	4
Overcrowding (S.2)	5	—	—	—	—	—	5
Unreasonable temperature (S.3)	6	—	—	—	—	—	6
Inadequate ventilation (S.4)	7	—	—	—	—	—	7
Ineffective drainage of floors (S.6)	8	—	—	—	—	—	8
Sanitary Conveniences (S.7):	9	—	—	—	—	—	9
(a) insufficient	10	17	13	—	9	—	10
(b) unsuitable or defective	11	—	—	—	—	—	11
(c) not separate for sexes	12	—	—	—	—	—	12
Other offences against the Act (not including offences relating to Out-work)							
TOTAL		17	13	—	9	—	

Number on Outworkers' Lists : 4.

SECTION D

(1) HOUSING

Number of inhabited houses in Urban District 31st December 1958	...	...	...	...	...	8,254
Density of houses (number of houses per acre)	...					2.64
Number of houses (new) erected during 1958	...					86
By Local Authority	...	...	...		52	
Houses acquired from Cheshire County Council—Penn Lane	...	...	...		60	
By other bodies or persons	...	...	...		34	
Number of houses owned by Local Authority						
	Permanent	2,054				
	Prefab	80				
	General Fund	11				
						2,145

Slum Clearance Programme—Housing Act, 1955

Considerable progress has been made with the re-housing of families and demolition of properties included in the Council's 5 year programme of Unfit Houses.

Eighty-Two families, comprising **202** persons have been rehoused during the year. **135** houses have been demolished, and two closed.

During the year 1958, Orders have been made in respect of **31** Unfit Houses and have been confirmed by the Ministry of Housing and Local Government.

The houses have been dealt with in the following manner:—

(i) By Compulsory Purchase Order	...	...	Nil
(ii) By Clearance Orders	...	...	23
(iii) Individual Unfit Houses	...	...	8

(2) ANNUAL REPORT OF THE CANAL BOAT INSPECTOR

The number of Canal Boats passing through the Urban District of Runcorn although a little higher than the previous year has greatly diminished.

Those visited and inspected were mainly narrow boats making weekly visits, the same boats being met each time.

I have to report the inspection of 91 Canal Boats all of which were well kept and with the exception of the undermentioned contraventions were found in a good condition:—

Certificate of registration	...	...	11
Painting of Registered Number	...	...	5
Leaking Top of Cabin	...	...	6
Defective Range	...	...	1
Leaking Cabin Side	...	...	2
Leaking Bulkhead	...	...	1
Total			26

The above concerns 18 Canal Boats.

Notices were served on the persons concerned and where the contraventions have not already been rectified, the more recent ones are receiving attention.

The population of the Canal Boats referred to consisted of Men 59: Women 48: Children 65.

The age group of the children is herewith indicated:—

Age:	Babies	1	2	3	4	5	6	7	8	9	10	11	12	Total
Nos.:	2	5	9	4	5	9	8	0	4	6	4	5	4	65

There were no cases of statutory overcrowding discovered and it was observed that a number of families were working two boats which helped to relieve overcrowding.

No cases of infectious disease were reported on a Canal Boat during the year.

SECTION E

Inspection and Supervision of Food

(a)...(i)...Milk Supply

There are six dairy farms in the area of the Urban District all of which are registered by the Ministry of Agriculture, Fisheries and Food, and 67 retailers of milk on the register of the Local Authority.

One dairy in the area is licensed for the Pasteurisation of milk by the High Temperature Short Time System.

(ii) Milk Sampling

During the year under review **132** samples of milk were submitted for analytical report to the Public Health Laboratory at Birkenhead.

Eight samples of milk delivered to the schools in the area were tested:— of the remaining **124** samples **2** failed the Methylene Blue test and **3** failed the Phosphatase test. Suitable action was taken in these cases and subsequent samples were satisfactory.

The following table indicated the Reports of the Analyst of samples during the year **1958**:—

Sampling for Cleanliness and Efficiency of Heat Treatment

<i>Class of Milk</i>	<i>No. of Samples</i>	<i>Appropriate Tests</i>	<i>No. of Samples</i>	
			<i>Passed</i>	<i>Failed</i>
Pasteurised	44	Phosphatase Methylene Blue	43 44	1 —
Sterilised	40	Phosphatase Methylene Blue Turbidity	40 40 40	— — —
Tuberculin Tested Pasteurised	36	Phosphatase Methylene Blue	33 34	3 2
Tuberculin Tested	12	Methylene Blue Biological	12 4	— —

(b) Milk (Special Designations) (Raw Milk) Regulations, 1949.

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.

The number of licences granted under the above Regulations was 96, viz:—

Tuberculin Tested	..	...	Retailers Licence ...	...	10
			Supplementary Licence ...		3
Pasteurised Milk	...	...	Retailers Licence ...	...	18
			Supplementary Licence ...		2
Sterilised Milk	...	...	Retailers Licence ...	...	63

FOOD AND DRUGS ACT, 1955: (Food Premises in the Area)

Type	No. in area	No. registered under Sect. 16 F & D Act, 1955
Grocery and General Stores	85	—
Greengrocery	15	—
Butchers	21	13
Fish and Chips	15	15
Wet Fish	12	—
Cooked Meats	5	5
Cafes, Canteens	19	—
Licensed premises	37	—
Bakehouses	14	—
Sweets	32	—
Total	255	33

355 visits and inspections have been made to food premises, and 30 notices under Food Hygiene Regulations served in respect of re-decoration of premises, provision of hand-washing facilities and protection of open food.

No prosecutions were instituted under the Food Hygiene Regulations.

(b) Ice-cream Samples

Twenty-seven samples of ice-cream and twenty-four samples of ice-lollies were submitted to the Analyst for report, and the table herewith gives the results of the same:—

Type of Sample	No. of Samples	Grade 1	Grade 2	Grade 3	Grade 4
Ice-cream	27	25	1(x)	—	1(x)
Ice-lolly	24	24	—	—	—

(x) Suitable action was taken with regard to these two cases of ice-cream and subsequent samples were satisfactory.

There are 88 premises registered for the sale of ice-cream. No serious contraventions were found therein.

(c) **Unsound Food**

Under the “Unsound Food Provisions”, the undermentioned articles of food were found to be unfit for consumption on shop premises, and were condemned:—

Biscuits	...	...	...	5 lbs.
Fruit (tinned)	...	...	...	98 lbs.
Fish (tinned)	...	...	...	$\frac{1}{2}$ lb.
Fish	...	...	...	13 lbs.
Fowl (Foreign)	...	...	...	84 lbs.
Meat (tinned)	...	...	...	486 lbs.
Meat (home killed)	...	...	...	231 lbs.
Meat (foreign)	...	...	...	6 lbs.
Milk (tinned)	...	...	...	2 $\frac{1}{2}$ pints
Shrimps	...	...	...	6 nets
Vegetables (tinned)	...	...	...	10 lbs.
Vegetables	...	...	...	8 $\frac{1}{2}$ lbs.

(2) (a) **Slaughterhouse**

The tenancy of the Public Slaughterhouse in Percival Lane, Run-corn, was terminated by the Fatstock Marketing Corporation, Limited in April, and since that date no slaughtering of animals has been carried out in the area. Local butchers purchase their meat from Liverpool which is close by, and at small slaughterhouses in the surrounding areas.

(3) Meat Inspection

The inspection of all animals killed is carried out by fully qualified inspectors.

Daily visits were made to the Public Slaughterhouse when in use, prior to closure in April, 1958, and no meat or edible offal was allowed to pass out until the decision of the inspector had been given.

One hundred and thirty-three visits were made for the purpose of meat inspection during this period, and 1,632 animals were dealt with. Meat condemned is stained green prior to removal to processing plants for conversion into animal food and fertilisers.

(a) TABLE OF ANIMALS KILLED AND INSPECTED

Bullocks	...	...	...	...	87
Cows	...	...	...	...	334
Heifers	...	...	...	...	100
Calves	...	...	...	...	11
Sheep and Lambs	...	...	...	...	936
Pigs	...	...	...	...	164
Total					<u>1,632</u>

(b) MEAT AND EDIBLE OFFALS CONDEMNED

The amount of meat and edible offals condemned was:—

For tuberculosis	...	...	...	19 cwts: 2 qrs: 7 lbs.
For other causes	...	...	...	1 ton: 16 cwts: 0 qrs: 16 lbs.
Total: 2 tons: 15 cwts: 2 qrs: 23 lbs.				

Carcases and offal inspected and condemned in whole or in part

	<i>Cattle exclud- ing Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>
Number killed (if known)	187	334	11	936	164	—
Number inspected	187	334	11	936	164	—
<i>All diseases except Tuberculosis and Cysticerci</i> Whole carcases condemned	—	2	1	—	—	—
Carcases of which some part or organ was condemned	46	107	1	7	3	—
Percentage of the number inspected affected with dis- ease other than Tuberculosis and cysticerci	24.6%	32.61%	18.17%	0.75%	1.83%	—
<i>Tuberculosis only :</i> Whole carcases condemned	—	1	—	—	—	—
Carcases of which some part or organ was condemned	6	69	—	—	1	—
Percentage of the number inspected affected with Tuberculosis	3.21%	20.9%	—	—	0.61%	—
<i>Cysticercosis :</i> Carcases of which some part or organ was condemned	—	3	—	—	—	—
Carcases submit- ted to treatment by refrigeration	—	3	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

A Duckworth, Chief Public Health Inspector.

(4) **Adulteration, etc.—FOOD AND DRUGS ACT, 1955**

I am indebted to the Chief Inspector of the Cheshire County Council for the following report of the work carried out by his department in the Runcorn Urban District under the Food and Drugs Act during the year, 1958:—

Samples obtained during the year ended 31st December, 1958

Nature of Sample				Number obtained	Number adulterated or not up to the recognised standard of quality
Almonds-Ground	...	...	...	1	
Baking Powder	...	...	...	1	
Beef Suet-Shredded	...	...	...	1	
Butter	...	...	...	2	
Cheshire Cheese	...	...	...	1	
Chopped Ham-tinned	...	...	...	1	
Coffee & Chicory Essence	...	...	...	1	
Cream-tinned	...	...	...	1	
Curry Powder	...	...	...	1	
Dripping	...	...	...	1	
Epsom Salts	...	...	...	1	
Fish Paste	...	...	...	2	
Gin	...	...	...	1	
Jam	...	...	...	2	
Jellies-Table	...	...	...	1	
Lemon Curd	...	...	...	1	
Luncheon Meat	...	...	...	1	
Margarine	...	...	...	2	
Meat Paste	...	...	...	2	
Milk	...	...	...	40	3
Milk-Cond., M/c Skimmed Sweetened	...	...	...	1	
Milk-Evap., Full Cream unsweetened	...	...	...	1	
Mustard	...	...	...	1	
Olive Oil	...	...	...	1	
Pickles-Mixed	...	...	...	1	
Salad Cream	...	...	...	1	
Sweets	...	...	...	1	
Rum	...	...	...	1	
Tomato Sauce	...	...	...	1	
Vinegar-Malt	...	...	...	1	
Whiskey	...	...	...	1	
				75	3

Particulars of Samples not up to Standard		
No.	Sample	Result of Analysis
I.	Milk	Sub-standard but genuine milk deficient in solids not fat to the extent of 3.5 per cent.
2.	„	—do— 1.1 per cent.
3.	„	3.3 per cent. deficient in fat

Remarks
Retail
No action
—do—
—do—

SECTION F

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

The prevailing varieties of notifiable disease during the year were mainly confined to Measles (316).

(1) Research

Measles: Measles especially, and other virus diseases are still the subject of research, e.g., with a view to ascertaining the exact method of spread, treatment and prevention.

When further research reveals more about the virus causing, e.g., Measles, a sound curative serum could be made when the disease could be controlled and eventually wiped out.

Whooping Cough: Research in this connection has made considerable progress in its endeavours to provide a curative vaccine. Children mainly today receive a “triple” vaccine to prevent Diphtheria, Whooping Cough, Tetanus, &c. The percentage locally immunised, i.e., babies and younger children is approximately 80%, records showing that no cases of Diphtheria, Whooping Cough, Tetanus, were notified during 1958. Whooping Cough vaccine has either prevented Whooping Cough entirely or has taken the “Whoop” out of this disease and is to be strongly recommended—in addition constant care over hygiene and sanitation are essential.

Vaccination and Immunisation: It is understood that in the near future one vaccine may be available (for babies—then a booster dose later) to include in this prevention against Poliomyelitis, Diphtheria, Whooping Cough, Tetanus, and probably the diseases caused by the Streptococcus—this will be an efficient way which will prevent the many injections to children as given today.

(2) Diphtheria Immunisation

The **free scheme** is still available so that parents and guardians could have their children **properly** immunised against the deadly disease diphtheria.

All children one to fifteen years of age (**preferably** during the first year) should be properly immunised against Diphtheria by two injections; in addition a “booster” dose (one) is required in five years time. This can be obtained **free of cost** through the parents’ or guardians’ own Doctor in the surgery; also at Welfare Centres and Day Nurseries. Special Clinics are organised at schools as required. Applications should be made at the Welfare Centres, Day Nurseries, Schools, or to the Public Health Department (Divisional).

Propaganda on the above has been **continuously** carried out aided by the Press and the Central Council for Health Education, &c., but still some children are found to have not been immunised.

Parents or Guardians should face up to their responsibilities and have their children properly immunised at once.

“PREVENTION IS BETTER THAN CURE.”

(3) Prevention of Disease from Abroad

The Government, under the appropriate Acts, have a system of medical examination, etc., for those persons arriving in this country from abroad who have been in areas where serious infectious diseases have occurred. All contacts are medically examined, given written and verbal instructions what to do if they feel ill, and the local Medical Officer of Health is notified of their arrival, and he arranges for the necessary supervision.

(4) Vaccination against Smallpox

It is strongly recommended that all infants and others should be properly vaccinated; this can be carried out free of charge through the patient's own Doctor.

(5) Ophthalmic Neonatorum

Cases of this disease are notified immediately to the County and local Divisional Medical Officer of Health.

(6) Cancer

Under Section 76 of the National Health Service Act, 1946, Sections 1, 2 and 6 and sub-sections (2) and (3) of Section 8 of the Cancer Act, 1939, were repealed and the responsibility for the provision of an adequate Cancer Service was placed on the Minister and Regional Hospital Boards by Part II of the National Health Service Act of 1946.

Facilities for cancer diagnosis and treatment are available in all major general hospitals in the area and the radiotherapeutic work of the region is centred at the Liverpool Radium Institute. Follow-up clinics are undertaken at the Chester Royal Infirmary.

The area of the Runcorn Rural District Council and the Runcorn Urban District Council are within the area of the Liverpool Regional Hospital Board.

(7) Cancer Research

The Department is still co-operating in the survey being carried out under the auspices of Dr. Percy Stocks, lately Chief Medical Statistician, General Register Office, into recent cancer deaths on Merseyside. Investigation into cancer deaths, i.e., analytical research is being carried out in conjunction with the Department of Agricultural Chemistry (B.E.C.C.), Memorial Buildings, Deiniol Road, Bangor, Caernarvonshire.

During the year there were 51 deaths recorded from cancer as compared with 43 in 1957.

(8) Details of Cancer deaths over the Past Five Years.

Year	Site	1-14	15-44	45-64	65-74	75 and over	Rate per 1,000 population	Total all ages	
								M	F
1954	Stomach	—	—	2	5	—	1.65	5	2
	Lungs, Bronchus	—	—	5	7	—		12	—
	Other Sites	—	1	3	10	8		7	15
1955	Stomach	—	—	5	2	4	2.07	6	5
	Lungs, Bronchus	—	1	5	2	3		11	—
	Other Sites	—	1	10	13	6		8	22
1956	Stomach	—	1	2	7	2	2.23	4	8
	Lungs, Bronchus	—	2	3	8	2		14	1
	Other Sites	—	—	12	12	6		17	13
1957	Stomach	—	1	1	4	—	1.67	2	4
	Lungs, Bronchus	—	2	10	3	—		13	2
	Other Sites	—	—	10	4	8		11	11
1958	Stomach	—	—	2	3	2	1.97	4	3
	Lungs, Bronchus	—	2	6	4	1		11	2
	Other Sites	—	1	11	10	9		14	17

(9) Infectious and other Notifiable Diseases. 1958.
(corrected Notifications)

Disease	Age Groups of Cases Notified									Total
	Under 1	1-2	3-4	5-9	10-14	15-24	25-44	45-64	65 and over	
Scarlet Fever	—	1	4	19	—	—	—	—	—	24
Whooping Cough	—	—	—	—	—	—	—	—	—	—
Measles	7	17	118	172	1	—	1	—	—	316
Dysentery	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	1	—	—	1
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
TOTALS	7	18	122	191	1	—	2	—	—	341

The most prevalent disease was Measles. Tuberculosis notifications are given in a separate section of the report.

During the year there was no unusual notification of infectious disease.

(10) TUBERCULOSIS

No person employed in the milk trade was found to be suffering from pulmonary tuberculosis, nor was it found necessary compulsorily to remove to hospital any person suffering from tuberculosis.

For the prevention of this disease, the following precautions should be noted:—

Proper food (see remarks in Appendix A), in addition, early diagnosis (X-ray, etc.), proper treatment, thorough disinfection of homes when cases go to hospital separate rooms and utensils, frequent visits by Health Visitors, and as required by the Medical Officer of Health and Public Health Inspectors. All new cases are specially investigated by me and reported to me as Divisional Medical Officer of Health (as required to H.M. Inspector of Factories). Close liaison is kept with the Chest Physician. Follow-up of contacts and patients by the Health Visitor is carried out very thoroughly and action is taken as required by myself and the Chest Physician (Divisional Health). B.C.G. vaccination is required for certain contacts, etc.

In my opinion, all milk, especially for children, should be properly heat-treated (e.g., pasteurised or sterilised), failing this, heat-treated in the home. Designated areas should be declared at an early date.

A reduction in cases of non-pulmonary (e.g., glands and joints) tuberculosis has occurred in both my Urban and Rural Districts since proper heat-treatment has become more available.

With proper veterinary control of cattle, proper housing conditions and food for the people; these will help to stamp out this terrible disease. Proper heat-treatment of milk not only kills tubercle bacillus, but other germs causing disease.

A thorough disinfection (steam etc.) of the house, clothing, etc., with a thorough “spring clean” of the house when a case is admitted to a hospital, is essential. Isolation of contacts (especially children) is most essential, and every endeavour is made to do this. B.C.G. injections are given by the Chest Physician in suitable cases, Chalets and extra beds and bedding are supplied as and when required.

Medical Officers-in-charge of Industrial Hygiene, etc., Factory Inspectors, form a valuable liaison in preventing and ascertaining the cause of tuberculosis (e.g., dust, working conditions, disinfections, cleanliness, etc.). The Public Health Act, 1936 Section 287, proves useful to the Medical Officer of Health (and Public Health inspectors) allowing power of entry to any premises for the general purpose of the Act, in conjunction with those concerned.

Ten Years' Table of Notifications and Deaths from Tuberculosis
(a) Pulmonary Tuberculosis

<i>Year</i>	<i>Cases Notified</i>			<i>Deaths</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
1949	6	2	8	4	5	9
1950	7	9	16	8	—	8
1951	15	8	23	3	1	4
1952	6	2	8	5	—	5
1953	10	8	18	6	1	7
1954	4	1	5	3	—	3
1955	11	4	15	—	1	1
1956	3	1	4	3	1	4
1957	3	5	8	—	—	—
1958	5	—	5	1	1	2
<i>Totals</i>	70	40	110	33	10	43

Ten Years' Table of Notifications and Deaths from Tuberculosis
(b) Non-Pulmonary Tuberculosis

<i>Year</i>	<i>Cases Notified</i>			<i>Deaths</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
1949	8	4	12	—	2	2
1950	1	—	1	1	—	1
1951	—	—	—	—	—	—
1952	1	—	1	2	—	2
1953	1	—	1	—	—	—
1954	—	—	—	—	—	—
1955	—	—	—	—	—	—
1956	—	—	—	—	—	—
1957	—	1	1	—	—	—
1958	—	—	—	—	—	—
<i>Totals</i>	11	5	16	3	2	5

Runcorn Urban District
TOTAL DEATHS 1958

Causes of Death				Males	Females
1.	Tuberculosis, respiratory	...	...	—	—
2.	Tuberculosis, other	...	...	—	—
3.	Syphilitic disease	...	...	—	—
4.	Diphtheria	...	...	—	—
5.	Whooping Cough	...	...	—	—
6.	Meningococcal infections	...	...	—	—
7.	Acute poliomyelitis	...	...	—	—
8.	Measles	...	...	—	—
9.	Other infective and parasitic diseases	...	...	—	—
10.	Malignant neoplasm, stomach	...	...	4	3
11.	Malignant neoplasms, lung, bronchus	...	...	11	2
12.	Malignant neoplasm, breast	...	...	—	2
13.	Malignant neoplasm, uterus	...	...	—	—
14.	Other malignant & lymphatic neoplasms...	...	...	14	15
15.	Leukaemia, aleukaemia	...	...	—	1
16.	Diabetes	...	...	—	1
17.	Vascular lesions of nervous system	...	...	14	23
18.	Coronary disease, angina	...	...	30	16
19.	Hypertension with heart disease	...	...	1	7
20.	Other heart disease	...	...	16	24
21.	Other circulatory disease	...	...	9	5
22.	Influenza	...	...	—	1
23.	Pneumonia	...	...	2	1
24.	Bronchitis	...	...	12	6
25.	Other diseases of respiratory system	...	...	—	1
26.	Ulcer of stomach & duodenum	...	...	1	—
27.	Gastritis, enteritis and diarrhoea	...	...	1	—
28.	Nephritis and nephrosis	...	...	—	—
29.	Hyperplasia of prostate	...	...	2	—
30.	Pregnancy, childbirth, abortion	...	...	—	—
31.	Congenital malformations	...	...	2	2
32.	Other defined and ill-defined diseases	...	...	3	8
33.	Motor vehicle accidents	...	...	—	—
34.	All other accidents	...	...	4	2
35.	Suicide	...	...	—	—
36.	Homicide and operations of war	...	...	—	—
Total				126	120

Comparability Factors

Births 0.98 —Deaths 1.27

Appendix "A"

CHESHIRE COUNTY COUNCIL

RUNCORN DIVISIONAL HEALTH COMMITTEE

REPORT
FOR THE YEAR
1958

By the

DIVISIONAL MEDICAL OFFICER OF HEALTH

Presented to the
Runcorn Divisional Health Committee
17th March, 1959

MEMBERS OF THE RUNCORN DIVISIONAL HEALTH COMMITTEE

Chairman:

COUNCILLOR T. B. SHALLCROSS

Deputy Chairman:

COUNCILLOR J. W. KIRKHAM

Representatives of Local Health Authority:

County Alderman G. ASTBURY, Chairman, County Health Committee
County Councillor A. WHITLEY, Vice-Chairman County Health Committee
Alderman W. GITTINS,
County Councillor H. MANN
„ „ A. E. MOORS
„ „ R. E. PAYTON
„ „ Miss M. J. PREECE

Runcorn Rural District Council Representatives:

Councillor Mrs. J. A. GLOVER	Councillor Mrs. E. STANSFIELD
„ J. HUNT	„ Mrs. I. J. WALLIS
„ H. JACKSON	„ Miss M. WHITLOW
„ A. JONES	„ J. W. WOODS

Runcorn Urban District Council Representatives:

Councillor A. COOPER	Councillor T. J. LLOYD
„ H. GOODALL	„ H. SHACKLADY
„ T. H. LEATHER	„ R. WILLIAMSON

Co-opted Members:

Dr. E. R. CARTER, Local Medical Committee for the County Palatine of Chester.

Mr. R. W. ASHALL, National Health Service, Local Dental Committee.

Miss T. E. DUDLEY, Cheshire County Nursing Association.

Councillor J. TILDSLEY, Runcorn Divisional Executive for Education.

Councillor W. H. STUBBS, Chester & District Hospital Management Committee.

Mrs. C. EVANS

Mrs. E. A. ROYLE

Mr. J. D. WHITLEY

Officers:

Clerk to the Committee: Mr. T. J. Lewis

Divisional Medical Officer: E. N. Hillman Gray, L.R.C.P. & S., L.M., D.P.H., F.R.S.H.

CHESHIRE COUNTY COUNCIL
RUNCORN DIVISIONAL HEALTH COMMITTEE

ANNUAL REPORT OF THE
DIVISIONAL MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1958

INTRODUCTION

TO THE CHAIRMAN AND MEMBERS OF THE
RUNCORN DIVISIONAL HEALTH COMMITTEE:

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present this my Annual Report dealing with those portions of the Sections of Part III of the National Health Act 1946, for which this Committee is responsible.

As in previous years the report is sub-divided into various sections of the Act and gives details of the work carried out during the year.

The Welfare Centres in the Division were well attended, and at the Day Nursery there was an increase of one in the average daily attendance, as compared with the previous year.

The ambulance service operated smoothly during the year, and although there was an increase in the number of patients conveyed to hospital, there was a decrease in the number of journeys and also the mileage covered. These reductions were made possible through the co-ordination of journeys.

Every effort was again made to give publicity to the need for vaccination against smallpox and immunisation against diphtheria and whooping cough, and it is pleasing to note that there was an increase in the number so protected.

During the year large quantities of Poliomyelitis vaccine were received and over 8,000 persons were given two injections. 76% of the child population have now been vaccinated, which is a very good percentage, but further efforts will be made to increase this figure. It is hoped that in the new year a better response will be received from the persons in the age groups 15 to 25 years. A commencement has been made in giving the third injections as and when these become due.

The National Health Service has now been in operation for 10 years, and during this time advances have been made in prevention of illness, not only in vaccination and immunisation, but in the treatment of Tuberculosis, and it is interesting to read the reports of the Chest Physicians on this subject given later in this report.

The demand on the domestic help service continued to increase particularly on account of the number of aged persons requiring the services of a domestic help whose need for help continues indefinitely. A large number of requests were received from hospitals for domestic helps so that patients could be discharged and beds made available for more urgent cases.

This is my last report to the Committee as I shall be retiring on 31st March, 1959, and I should like to thank the Chairman and Members of the Divisional Health Committee for their support and help to me on all occasions.

The co-operation and assistance of the County Medical Officer and his staff, the Clerk to the Divisional Health Committee, the staff in my Divisional Health Office and the nursing staff in the Division, has been **greatly appreciated** by me in the carrying out of my various duties since the Divisional Scheme came into being in 1948.

I beg to remain,

Your obedient Servant,

E. N. HILLMAN GRAY

Divisional Health Office,
36 Halton Road,
RUNCORN.
March, 1959

SECTION 22

CARE OF MOTHERS AND YOUNG CHILDREN

There are seven Child Welfare Centres in the Division, three of which are held in County owned premises (Runcorn, Frodsham and Stockton Heath) and four of which are held in premises rented by the County Council for the actual Sessions (Grappenhall, Helsby, Kingsley and Weston Point).

The Infant Welfare Centres are as follows:—

Frodsham	Welfare Centre, The Rock	Alternate Tuesdays at 2 p.m.
Grappenhall	Methodist Sunday School	Tuesdays at 2 p.m.
Helsby	British Insulated Callenders' Cables Works Recreation Room	Alternate Tuesdays at 2 p.m.
Kingsley	Hurst Chapel	Second and Fourth Wednesdays at 2 p.m.
Runcorn	Welfare Centre Halton Road	Wednesdays 10 a.m. and 2 p.m.

Stockton Heath	Welfare Centre 65 Whitefield Road	Mondays 2 p.m.
Weston Point	Conservative Hall	First and Third Thursdays of month at 2 p.m.

In addition to Infant Welfare Clinics, Orthopaedic, Ophthalmic, Dental and Minor Ailments Clinics are held at the Frodsham, Runcorn and Stockton Heath centres during the month, and at Runcorn, Ante-and Post-Natal Clinics are also held each Thursday at 10 a.m. A Toddlers Clinic on the second Thursday of the month, and Physiotherapy and Speech Therapy Clinics are held during the month. A Speech Therapy Clinic is now held each Thursday at the Stockton Heath Welfare Centre.

The Mobile Physiotherapy Clinic, arranged by the Chester and District Hospital Management Committee, is still held at the Welfare Centre, Runcorn. Only patients referred to the Clinic by a Specialist at a Hospital can attend for treatment at this Clinic.

The Committee inspected the Welfare Centres at Runcorn, Frodsham and Stockton Heath, and the Day Nursery, Runcorn, on the annual inspection of County owned and rented properties, and attention was given to alterations, repairs and replacements required.

Day Nursery

There is one Day Nursery in the Division, situated in Okell Street, Runcorn. The Matron and staff have again to be congratulated on their excellent work.

During the year, the average daily attendance of the Nursery was 30, an increase of one on the previous year.

Attendances at the various clinics held at the Welfare Centres and for the Day Nursery are given in the following tables:—

A. Mothers' Clinics				New Cases	Total Attendances
Ante-natal	...	...	...	160	626
Post-natal	...	...	...	1	2
Dental:—					
Pre-natal	...	...	...	30	70
Nursing mothers	...	...	...	68	214
Dentures supplied	...	...	...		73

Young Children's Clinics

New Cases

Total Attendances

(i) Infant Welfare:

To 1 year	...	...	...	763	7,623
1 to 2 years	...	...	...	—	1,008
2 to 5 years	...	...	...	—	964

(ii) Specialist:

Ophthalmic (under 5)	...	25	76
Dental Treatment (under 5)	...	56	67

B. (i) Welfare Centres

				<i>New Cases</i>	<i>Total Attendances</i>		
				0-1	0-1	1-2	2-5
Frodsham	..	..	..	78	629	132	119
Grappenhall	..	..	..	122	1,676	199	92
Helsby	..	..	..	70	756	173	354
Kingsley	..	..	..	14	142	51	25
Runcorn	..	..	..	269	2,635	329	312
Stockton Heath	..	..	..	156	1,333	62	21
Weston Point	..	..	..	54	452	62	41
TOTALS	..	..	..	763	7,623	1,008	964

B. (ii) Ophthalmic Clinics

				<i>New Cases</i>		<i>Total Attendances</i>	
Frodsham	...	...	...	2	...	14	...
Runcorn	...	...	...	8	...	20	...
Stockton Heath	...	...	...	15	...	42	...
Totals	...	...	...	25	...	76	...

(iii) Day Nursery, Runcorn

				<i>Average No. Attending</i>		<i>Total Attendances</i>	
Aged 0—2 years	...	...	...	7	...	1817	...
2—5 years	...	...	...	23	...	5487	...

Sale of Branded Welfare Foods—The Sale of proprietary brands of Welfare Foods at Kingsley, Runcorn and Weston Point is carried out through my office. During the year, the total sales amounted to £1,057. 1s. 2d., an increase of £270 over the previous year.

At Frodsham, Helsby, Grappenhall and Stockton Heath Clinics, the sale of Welfare Foods is carried out by Voluntary Societies.

Distribution of Welfare Foods—M.O.F.—During the year no new distribution points were opened in the Division.

The following are details of the distribution points and commodities sold during the year:—

<i>Centre</i>	<i>Commodities</i>				
	<i>N.D. Milk</i>	<i>Half Cream</i>	<i>Cod Liver Oil</i>	<i>A. & D. Capsules</i>	<i>Orange Juice</i>
Runcorn ..	7,451	375	1,042	916	9,631
Alvanley ..	133	—	27	19	238
Appleton ..	997	—	89	57	714
Frodsham ..	2,334	58	422	324	3,766
Grappenhall ..	1,317	—	241	184	2,602
Halton ..	435	—	96	25	594
Helsby ..	624	10	183	169	1,930
Kingsley ..	104	2	58	24	357
Manley ..	224	—	23	24	338
Moore ..	244	—	17	2	357
Norley ..	208	—	26	2	201
Preston Brook ..	249	—	64	31	414
Stockton Heath	1,012	—	227	201	1,995
Sutton Weaver ..	186	—	21	16	217
Thelwall ..	87	—	13	4	30
Weston ..	335	—	29	16	352
Weston Point ..	1,119	—	157	123	1,334
Whitley ..	107	—	9	—	161
TOTAL ISSUES ..	17,166	445	2,744	2,137	25,231
Issues to Institutions ..	7	—	72	—	24
TOTALS FOR DIVISION ..	17,173	445	2,816	2,137	25,255

SECTION 23—MIDWIFERY

Under this Section the Committee are responsible for:—

- (i) Provision, where necessary, of accommodation for midwives and the maintenance, repair and alterations required for such premises.
- (ii) Provision of transport for midwives where necessary in cases of emergency.

Apart from the Midwife residing in No. 10 Cedar Avenue, Stockton Heath, all other County Midwives in the Division reside in property under arrangements made by themselves, and for which this Committee have no responsibility with regard to repairs etc.

During the year the Committee inspected the County rented midwife's property and repairs requiring attention were dealt with.

Transport and medical requisites were provided as and when required.

The Midwives are doing good work in the homes where home confinements are required.

SECTION 24—HEALTH VISITING

The Committee are also responsible for the housing accommodation of Health Visitors. During the year the Flats at No. 10 Stanley Villas, Runcorn, were occupied by two of the Runcorn Health Visitors. All other Health Visitors in the Division reside in property under arrangements made by themselves and for which this Committee have no responsibility with regard to repairs, etc.

The Health Visitors are to be congratulated on their good “all round” work in the homes, welfare centres, etc.

SECTION 25—HOME NURSING

With the exception of the three district nurses in Runcorn and one district nurse/midwife at Budworth and Helsby, who reside in properties under arrangements made by themselves, and for which this Committee have no responsibility, the remainder now reside in County owned or rented property.

The Committee inspected all County owned and rented properties in the Division, and action was taken regarding any alterations, repairs or renewals requiring attention.

The District Nurses provide good service to all in the homes working in co-operation with the various General Practitioners.

SECTION 26—VACCINATION AND IMMUNISATION

During the year under review a large amount of time of the nursing and clerical staff was spent in efforts to persuade parents to have their children vaccinated against Poliomyelitis, but the need for children to be vaccinated against smallpox, and immunised against diphtheria was not overlooked, and it is pleasing to note that there was an increase in the vaccination and immunisation against these diseases in addition to the very large percentage of consents obtained for the vaccination against Poliomyelitis.

The figures set out in the following tables, compiled from record cards received from medical practitioners, show the number of vaccinations and immunisations carried out during the year. For

comparison purposes the figures for the previous year are also given:—

VACCINATION—

		<i>Welfare Centres</i>	<i>Doctor's Surgery</i>	<i>Patient's Homes</i>	<i>Total</i>
Primary	1958	128	512	38	678
	1957	132	411	40	583
Re-vaccination	1958	1	117	5	123
	1957	—	108	11	119

IMMUNISATION—PRIMARY.

		<i>Welfare Centres</i>	<i>Doctor's Surgery</i>	<i>Patient's Home</i>	<i>Total</i>
Diphtheria	1958	9	9	26	44
	1957	8	12	—	20
Combined Whooping Cough/ Diphtheria	1958	207	602	54	863
	1957	242	585	19	846

IMMUNISATION—REINFORCING INJECTIONS.

Diphtheria	1958	20	45	24	89
	1957	34	40	—	74
Combined Whooping Cough/ Diphtheria	1958	24	131	2	157
	1957	44	120	5	169

VACCINATION AGAINST POLIOMYELITIS

Vaccination against Poliomyelitis continued during the year, and approximately 8,000 children were given two injections. The number of children who had received two injections at 31st December 1958, was 10,612, which was 76% of the estimated child population under 15 years of age. This percentage is very good, but every effort will be made to increase this figure still further.

Vaccination was offered to persons in the 15 to 25 years age group, but the response was very disappointing. A request was made to the management of the larger works in Runcorn for vaccination to be carried out in the works, and I am pleased to be

able to report that permission was given and a good response was obtained from the employees in the age group concerned.

Further publicity will be given to try to persuade more persons in this age group to be vaccinated.

SECTION 27—AMBULANCE AND TRANSPORT SERVICE

The Ambulance Service has operated quite smoothly during the year, and it is interesting to note that although an additional 162 patients were conveyed to hospitals during the year, there was a reduction of 640 in the number of journeys made, and of 4,198 in the mileage covered. These reductions were made through further co-ordination of journeys.

There were no changes in the vehicle or personnel establishments during the year.

One driver received a bar to his 5 years' driving medal, two drivers received 5 years' driving medals, and 8 drivers one year safe driving diplomas for the National Safe Driving Competition, and 10 drivers passed their first aid examination during the year.

The Committee inspected the Ambulance Station during the year, and recommended certain small alterations and repairs.

The new Vehicle Lift was installed during the year.

Details of Journeys carried out Direct by Ambulance Station

	<i>Morris FLG 492</i>	<i>Bedford Ambulances</i>			<i>Bedford Clinics</i>			<i>Totals for Station</i>
		<i>PTU 296</i>	<i>835 BMB</i>	<i>XMB 268</i>	<i>TLG 538</i>	<i>TMA 444</i>	<i>XMB 258</i>	
Emergencies	3	30	320	130	23	21	27	554
Maternity	2	10	201	45	3	—	7	268
Accidents	5	9	104	25	9	6	6	164
Ord.								
Removals	45	180	293	217	5	7	28	775
Sitting Cases	814	1290	655	814	1680	1500	2218	8971
Infectious								
Diseases	—	8	—	1	2	—	1	12
Total Patients	869	1527	1573	1232	1722	1534	2287	10744
Total Journeys	225	507	917	476	643	553	631	3952
Service Journeys	1	9	22	10	56	60	92	250
Mileage	5662	16754	23503	13742	23840	21752	24185	129438
Service Mileage	19	156	307	132	432	377	471	1894
Petrol: Galls.	573½	1116	1711½	1066	1041½	975	1053	7536½
Oil: Service	87	153	91	98	113	97½	232½	872
Average M.P.G.	10.0	15.1	13.8	13.0	23.3	22.7	23.4	17.4

Details of Journeys Carried Out by Contractors

	<i>Total No. Journeys</i>	<i>No. of Patients</i>	<i>No. of Accident and Emergency Journeys</i>	<i>Total Mileage</i>
Ambulances	67	70	67	1,008
Cars	377	513	—	11,102

Details of all journeys made during the year as compared with the previous twelve months are as follows:—

	<i>Journeys</i>	<i>Patients</i>	<i>Emergencies</i>	<i>Mileage</i>
<i>Ambulance Journeys</i>				
1958	2,192	5,271	951	61,283
1957	2,214	4,811	961	55,706
<i>Sitting Case Journeys</i>				
1958	2,204	6,056	102	82,159
1957	2,958	6,759	227	95,198
<i>Total all Journeys</i>				
1958	4,396	11,327	1,053	143,442
1957	5,036	11,165	1,101	147,640
Increase	—	162	—	—
Decrease	640	—	48	4,198

The majority of patients in the Division requiring transport attend hospitals in Chester, Liverpool and Warrington, and the average mileage per journey for the year was 32.6 compared with 29.9 for the previous year.

The arrangements between the County Council and the Warrington Corporation whereby the latter supplied ambulances for the conveyance of non-infectious cases from Stockton Heath and the surrounding district, were continued during the year.

SECTION 28

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The Health Visitors were informed of all new cases and asked to visit and complete the environmental report sheet, and where the contacts of the patients had not attended the Chest Clinic for examination, they were advised to do so. Every effort has been made to persuade the contacts to attend for examination.

On receipt of the completed report sheets, these were carefully investigated by me, and where the housing conditions of the

patients were such that it was advisable they should be re-housed the question was taken up with the Housing Department of the Urban and Rural District Councils, and I am very pleased to report that both Councils again gave their sympathetic consideration to the re-housing of these cases, and in a large number of cases they were able to re-house the families. Where the housing accommodation was adequate, the patients were strongly advised to occupy separate bedrooms, and in all cases, advice was given on the precautions to be taken to prevent the spread of infection. Advice was also given to patients on how to obtain extra nourishment and assistance.

In all cases, enquiries were made to see whether it was possible to find the cause of infection.

I asked the Chest Physician for their observations on Tuberculosis during the period 1948 to 1958, and set out their reports:

Dr. A. C. C. HUGHES, Chest Physician for the Runcorn Area, Reports:

“The position in 1958 has been very different from that in 1948, and the changes in our area have corresponded to those all over the country, although with our relatively small numbers the changes, if represented graphically, seems rather irregular.

There has been a steady and satisfactory fall in the number of deaths resulting from tuberculosis. This results partly from a change in the natural history of the disease, and partly from availability of beds for immediate treatment, but most of all from advances in treatment in the last 10 years. It is now exceedingly unusual for a patient who is willing to co-operate in treatment to die from the immediate effects of pulmonary tuberculosis.

The number of new cases of tuberculosis did not fall at the beginning of this period; this was partly due to the fact that case-finding was being carried out with increased intensity, and that routine radiography, particularly by M.M.R. Units, was being employed on an increased scale. On the other hand the new cases diagnosed have been tending to be less severe. Their numbers are now beginning to decline.

Further decrease in the incidence of tuberculosis is to be expected, but needs continued effort on the part of all those associated with this problem at present. Examination of contacts, both in the family and outside it, is of the greatest importance. Those who are susceptible are offered, and usually accept B.C.G. Vaccination.

I regard the skin testing and B.C.G. Vaccination of school children, as now carried out, an important factor in the preventative programme.

The three branches of the medical services, family doctors, health department, and clinic are of equal importance. At Runcorn, where we are all closely associated with the Cottage Hospital, where all doctors and health visitors meet and have personal discussions about individual problems, we are particularly happily situated. There is no room for complacency but I am very happy about our arrangements, and I feel that we can expect the general improvement in our figures to continue."

Dr. J. BLACK, Chest Physician for the Stockton Heath Area, Reports:

"The main feature in the tuberculosis problem in the past 10 years has been the steep fall in the death rate. This fall can be expected to continue provided the present methods of handling the disease are continued or intensified.

The incidence of the disease has unfortunately not shown a similar downward tendency. This is in part due to more routine x-ray examinations, particularly by M.M.R., being carried out. It does show however, that there is a constant pool of infection in the community and until these infectors are finally eradicated the disease will remain in existence.

The fall in the death rate is attributable to detection of early cases (particularly by M.M.R.) who are amenable to treatment and the rooting out of open sputum positive cases by this and other means. As the years have passed chemotherapy has become much more effective, largely because we now appreciate that prolonged treatment, i.e., over a period of years if necessary, is the answer in many cases. Surgery played an important part a few years ago and will continue to play some part, but the number of cases submitted to it, so far as I can see, are steadily diminishing.

One of the problems is the case who has an organism which is resistant to chemotherapy and this problem awaits final solution.

The main method of controlling the disease is prevention, and I am glad to say that public health authorities have a most effective machinery for this. Health Visiting and the tracing of contacts fall within your province and are most important. Segregation of young people from infective cases is carried out and wherever possible those who are infective are persuaded to stay in hospital.

B.C.G. Vaccination has been carried out on as many as possible of those people at risk, and I have little doubt that the effect of this will be seen in the future.

Two of the main problems are (a) the sputum positive cases who will not co-operate and who is a constant source of infection and (b) the infective case who never submits himself to x-ray and is therefore unknown."

Remarks by Divisional Medical Officer of Health

With reference to (a) above, these could be dealt with under the Public Health Act, as required; (b) this is **the** most difficult problem but it is hoped by more and more better general health education, this will not occur. Chest Physicians and General Practitioners are assisting us in this difficult matter where possible.

Details of cases during the period 1st January to 31st December 1958 are as follows:—

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
(a) Total number of cases on register—					
1st January, 1958 ..	172	136	20	25	353
31st December, 1958 ..	178	136	20	26	360
(b) Removals from register, 1st January to 31st December, 1958—					
Died	4	2	—	—	6
Left district	2	2	—	—	4
Recovered	4	5	1	—	10
Lost sight of	—	—	—	1	1
	10	9	1	1	21
(c) Number of notifications received, 1st January to 31st December, 1958— ..					
New cases	11	4	1	2	18
Transfers	3	5	—	—	8
Restored to register ..	2	—	—	—	2
	16	9	1	2	28

B.C.G. Vaccination

During the year parents of children in the 13 years age group attending schools in the Division were given the opportunity of having them given B.C.G. Vaccination, and I am pleased to report that there was a very good response, approximately 80% agreeing to the vaccination of their children.

The following schools were visited during the period under review:

Balfour Road Secondary Modern School, Runcorn.

Runcorn The Grange Secondary Modern School.

St. Edwards R.C. School, Runcorn.

Helsby County Grammar Schools (Boys and Girls).
Helsby Secondary Modern School.
Frodsham Secondary Modern School.
Kingsley Secondary Modern School.
Stockton Heath Secondary Modern School.
Stockton Lodge Private School, Stockton Heath.
Marlfield Private School, Grappenhall.
Grappenhall Hall Special School, Grappenhall.
Belmont Hall College, Gt. Budworth.

Details of the number of forms issued, tests carried out and B.C.G. given during the year are as follows:

Before Vaccination

No. of consent forms issued	...	...	...	...	811
No. of children for whom consent received				...	608
No. Mantoux tested	...	...	...	...	581
No. positive to Mantoux test	...	...	...	...	132
No. vaccinated with B.C.G.	...	...	...	...	522

After B.C.G. Vaccination

No. having follow-up Mantoux (8 weeks)	...	...	439
No. positive to follow-up Mantoux (8 weeks)		...	431
No. positive to follow-up Mantoux (12 months)		...	635
No. negative to follow-up Mantoux (12 months)		...	19

Arrangements were made with the No. 3 Mass Radiography Unit to visit schools in the Division to x-ray the children found to have a positive re-action to the Mantoux test. Mass x-ray was also extended to teachers and staff of the schools where a high Mantoux rate was found. No infectious lung cases were discovered.

Care of the Aged

As a valuable aid to the official sources of help, the Runcorn and District Old Persons Welfare Committee was formed via the Cheshire Community Council (Secretary: Norman Cottam, Esq.)—the local Hon. Secretary is Mrs. Turner, 20 Holmfield Avenue, Runcorn—through this Committee, on which I am honoured to serve on the Executive Committee, a “Meals on Wheels” service has been commenced in Runcorn and this will be extended to the Rural Districts of Runcorn, e.g., Frodsham and Helsby—the service has been a great success and proved a boon to certain needy aged persons; visiting to aged persons has continued, i.e., to those who

are in need and require this; books etc., have been distributed, in addition, aid in correspondence etc., given; chiropody has been arranged for at reduced rates, especially for those aged persons on National Assistance—this service is of such great importance in keeping old persons active that it is hoped soon it will be recognised as a free scheme in the National Health Service.

Old persons Clubs are available in Runcorn, Frodsham and Stockton Heath—it is hoped many more of these clubs will be formed for they have proved to be a valuable meeting place for old persons, thereby helping to relieve loneliness and they are also able to act as connecting links with all aged in their district when certain purposeful and other activities can be arranged.

Loan of Nursing Equipment

Supplies of Nursing equipment, apparatus, etc., are available for loan to patients from stocks supplied to district nurses in accordance with the scale agreed to by the Cheshire County Council and my Committee. A reserve stock is also kept at my Divisional Office.

A patient borrowing equipment under the above heading is required to pay a deposit, which is refunded when the article is returned in good condition.

There has been a steady demand for this equipment during the year, and this service is much appreciated by those concerned.

Convalescent Home Treatment

The Committee has power to send persons in need of rest but not nursing care to convalescent homes. Eight applications were received for such treatment during the year, and arrangements were made for two weeks' convalescent home treatment for each patient.

The patients are required to pay towards the cost of their stay in these homes, according to the scale laid down by the County Council. The full cost is usually beyond the means of most cases.

Handicapped Persons

A register of Handicapped Persons is kept in my office and the patients are visited by the health visitors to ascertain what assistance can be given to these persons, working in conjunction with the various voluntary societies, etc.

Home Occupation

In a few cases, where patients are suffering from prolonged disability, resultant upon injury or sickness, arrangements have been made, in conjunction with the Chest Physicians, and/or the patient's

medical practitioner, and the British Red Cross Society, for the supply of materials and apparatus for home occupation.

The patients have found very great interest in the work and a new pleasure in life.

Health Visitors have given the greatest assistance to me in this important matter.

It is hoped to increase this service during 1959 for cases requiring occupational therapy in the home, via health visitors, etc., especially for tuberculous cases.

Health Education

This is best spread by personal contacts; the health visitors pay special attention to Health Education in their day to day work.

Copies of my pamphlet "Commonsense Preventive Measures against Disease" have been widely distributed throughout the Division, and posters on health education matters have been forwarded to shops, etc., for display.

Pamphlets are also left at homes where there are cases of infectious disease, giving details of the precautions to be taken to avoid the spread of infection.

During the year displays were exhibited throughout the Division in connection with the "Guard the Fire" Campaign.

SECTION 29—DOMESTIC HELP SERVICE

The number of domestic helps employed at 31st December, 1958 was 41.

The number of cases provided with domestic helps during the year decreased from 169 to 158, a decrease of 11. The total number of hours domestic helps were supplied to cases during the year was 34,000, compared with 31,644 in 1957, an increase of 2,356 hours.

This increase in the number of hours help was supplied was due to the amount of extra help required for certain chronic sick and aged persons.

During the year a large number of requests were received from Dr. I. P. Rowlands, Consultant Physician for Geriatrics, for home helps and "meals on wheels" service to be supplied so that certain

cases of aged persons could be discharged from hospital, thereby releasing beds for more chronic cases, and in a large number of cases it was possible to look after these patients in their homes.

With the aid of this service it has certainly been possible to look after quite a large number of patients, who, without this help, would have had to be admitted to a Hospital or Home.

The following table shows the types of case supplied with help during 1957 and 1958:

	<i>Confinement Cases</i>	<i>Illness Cases</i>	<i>Aged Tuberculosis</i>	<i>Case of other Persons</i>
1958	19	2	118	19
1957	25	3	123	18

At 31st December 1958 there were 105 protracted cases remaining on the register, an increase of 13 on the 1957 total.

During the year the Committee considered all cases supplied with the services of a domestic help.

